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(Depositor's name) (Signature) (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/896,561	06/29/2001	Edward J. Kroliczek	13442-003001	7910

TITLE OF INVENTION: PHASE CONTROL IN THE CAPILLARY EVAPORATORS

EXAMINER ART UNIT CLASS-SUBCLASS PATEL, NIHIR B. Change of correspondence address or indication of "Fee Address" (37 class). [] Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. [] "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. ARSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has be previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE (CITY and STATE OR COUNTRY) Swales & Associates, Inc. Beltsville, Maryland Please check the appropriate assignee category or categories (will not be printed on the patent): [] individual [X] corporation or other private group entity [] government.	APPLN, TYPE	SMALL ENTITY	ISSUI	E FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
PATEL, NIHIR B. Change of correspondence address or indication of "Fee Address" (37 FR 1.363). [] Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. [] "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has be previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE (CITY and STATE OR COUNTRY) Swales & Associates, Inc. Beltsville, Maryland Please check the appropriate assignee category or categories (will not be printed on the patent): [] individual [X] corporation or other private group entity [] government of the patent attorneys or agent attorneys or agent attorneys or agent attorneys or agents. In names of up to 3 registered patent attorneys or agent attorneys or agents on a single firm (having as a member a registered patent attorneys or agent attorneys or agent attorneys or agent on the names of up to 2 registered patent attorneys or agent attorneys or agent on the patent attorneys or agent attorneys or agent attorneys or agent of up to 2 registered patent attorneys or agent of up to 2 registered patent attorneys or agent of up to 2 registered patent attorneys or agent of up to 2 registered patent attorneys or agent of up to 2 registered patent attorneys or agent of up to 2 registered patent attorneys or agent of up to 2 registered patent attorneys or agent of up to 2 registered patent attorneys or agent of up to 2 registered patent attorneys or agent of up to 2 registered patent attorneys or agent of up to 2 registered patent attorneys or agent of up to 2 registered attorney or agent of up to 2 regi		NO	\$13	330	\$300	\$1630	07/06/2004
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ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has be previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE (CITY and STATE OR COUNTRY) Swales & Associates, Inc. Beltsville, Maryland lease check the appropriate assignee category or categories (will not be printed on the patent): [] individual [X] corporation or other private group entity [] government.	Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). C		names of up agents OR, a firm (having agent) and th attorneys or	to 3 registered patent attorneys Iternatively, (2) the name of a s as a member a registered attorn the names of up to 2 registered pa- agents. If no name is listed, no r	or 1. Fish & Richa ingle ey or 2. atent	ardson P.C.	
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(Authorized Signature)	ava DiBera	rdut
	na DiBerardino	(Date) June 30, 2004

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